

PART B - FEE(S) TRANSMITTAL

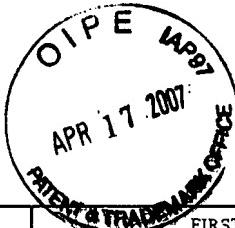
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21171 7590 03/02/2007

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| (Depositor's name) |
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| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/781,324 | 02/13/2001 | Yosuke Konaka | 1080.1092/JDH | 9071 |

TITLE OF INVENTION: ELECTRONIC APPARATUS AND PROCESSING ABILITY ALTERATION INSTRUCTION APPARATUS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|---------------------|---------------------------------------|-------------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 06/04/2007 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | 04/18/2007 DEMMANU2 00000134 09781324 | | |
| PATEL, NITIN C | 2116 | 713-330000 | | 01 FC:1501 02 FC:1504 | 1400.00 OP 300.00 OP | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FUJITSU LIMITED

KAWASAKI, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Derrick L. Fields

Date 4-17-07

Typed or printed name

DERRICK L. FIELDS

Registration No. 50,133

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